

RÉSUMÉ DIGEST

ACT 467 (HB 1157)

2016 Regular Session

Stokes

Existing law requires the secretary of the Department of Health and Hospitals, referred to hereafter as the "department", to establish a process through administrative rulemaking for review of Medicaid provider claims to determine if the claims should be or should have been paid as required by federal or state law or regulation.

New law retains existing law and stipulates that administrative rules relative to the claim review process promulgated pursuant to existing law shall provide procedures to ensure that providers receive or retain the appropriate reimbursement amount for claims in which the department determines that services delivered have been improperly billed but were reasonable and necessary.

Existing law provides that in administering the Medicaid program, the department shall not limit the period within which a healthcare provider may submit a claim for payment for a covered service rendered to a Medicaid enrollee to less than 365 days from the date the service was provided.

New law retains existing law and stipulates that if a payment for a claim is recouped by the department, a contractor of the department, or any other entity acting at the direction or under the authority of the department due to a determination more than 365 days from the date the service was provided that the claim was improperly billed but the services were reasonable and necessary, the department shall ensure that the provider is afforded additional time to re-file a corrected claim for that portion of the amount recouped to the extent permitted by federal law.

Effective August 1, 2016.

(Amends R.S. 46:442; Adds R.S. 46:437.4(A)(4))